

127135  
Proof of Claim: 131439

Claimant:

*Ermetinda Rincón González*

**INFORMATION REQUESTED TO PROCESS YOUR CLAIM**

**Instructions**

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to [PRClaimsInfo@primeclerk.com](mailto:PRClaimsInfo@primeclerk.com), or by mail or hand delivery to the following addresses:

<b><u>First Class Mail</u></b>	<b><u>Hand Delivery</u></b>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

**Questionnaire**

1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

*\$39,600.00 Ley 89 12 de Julio 1979*

3. **Employment.** Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

*Departamento de Salud de Puerto Rico*

Proof of Claim: 12/1/35  
Claimant: 13/14/39

3(b). Identify the dates of your employment related to your claim:  
Sept 89 Enero 1980 hasta junio 2013

3(c). Last four digits of your social security number: 9521

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

Departamento de Salud de Puerto Rico

4(b). Identify the name and address of the court or agency where the action is pending:

Tribunal de Distrito de E.U. para el Distrito, P.R. (L.F.)

4(c). Case number: 17BK 3283-LTS

4(d). Title, Caption, or Name of Case: Seg. Promesa, Casos Titulo III

4(e). Status of the case (pending, on appeal, or concluded):

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment? \_\_\_\_\_

127135  
Proof of Claim: ~~13-14-39~~  
Claimant:

*Carmelinda Riera Gonzalez*  
**INFORMATION REQUESTED TO PROCESS YOUR CLAIM**

**Instructions**

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
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**Questionnaire**

1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

13,200.00 Ley 96 1 de Julio 2002

3. **Employment.** Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Departamento de Salud de P.R.

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Proof of Claim: ~~13 14 39~~

Claimant:

*Emelinda Rivera González*

3(b). Identify the dates of your employment related to your claim:

*May 76 enero 2003*

3(c). Last four digits of your social security number: *9521*

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

*Departamento de Salud de P.R.*

4(b). Identify the name and address of the court or agency where the action is pending:

*Tribunal de Distrito de E.U. para el Distrito de P.R. (S. J.)*

4(c). Case number: *17 BK 3283 LTS.*

4(d). Title, Caption, or Name of Case: *Ley promesa Casas Titulo TTT*

4(e). Status of the case (pending, on appeal, or concluded):

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment?

127135  
Proof of Claim: 13-14-3-9  
Claimant:

Carmelinda Rueso Gonzalez  
**INFORMATION REQUESTED TO PROCESS YOUR CLAIM**

**Instructions**

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

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**Questionnaire**

**1. What is the basis of your claim?**

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

**2. What is the amount of your claim (how much money do you claim to be owed):**

13,200.00 Ley 164 12 de Julio 2023

**3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?**

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

**3(a). Identify the specific agency or department where you were or are employed:**

Departamento de Salud de P.R.

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Proof of Claim: ~~13-14-39~~

Claimant:

*Carmelinda Riera González*

3(b). Identify the dates of your employment related to your claim:

*Del 164 1 de enero hasta junio 2013*

3(c). Last four digits of your social security number: *9521*

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

*Departamento de Salud de P.R.*

4(b). Identify the name and address of the court or agency where the action is pending:

*Tribunal de Distrito de E.U. para el Distrito de P.R. (SD)*

4(c). Case number: *17 BK 3283 LTS.*

4(d). Title, Caption, or Name of Case: *Del Promesa Casos Título TT*

4(e). Status of the case (pending, on appeal, or concluded):

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment?